

Child Health and Disability Prevention (CHDP) Program REPORT OF DISTRIBUTION

Purpose of form and instruction for use:

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation to the State of California, Department of Health Services, Children's Medical Services Branch, CHDP Program, of the date of distribution of Provider Information Notices.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- The Report of Distribution form is to be mailed to the address shown below within 45 days of this letter.

PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THE PROVIDER INFORMATION NOTICE OR ATTACHMENT.

THANK YOU.

Report of Distribution of:

CHDP Program Letter number _____ and Provider Information Notice number _____

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

_____ on _____
CHDP County/City Program Date

_____ Title
Name of Program Representative (Print)

_____ Date
Signature of Sender

Please note: To update local program contact information (e.g., address, telephone, director, or deputy director name), please follow the instructions on page one of the ***Children's Medical Services Directory***. The directory can be found under "Forms and Publications" at www.dhs.ca.gov/chdp. To open the directory, enter the case-sensitive password: CMS#directory.

Mail the completed form to the address below. Note that this form has been formatted to fit in a number 10 window envelope.

Report of Distribution Clerk
Clerical Support Unit
Children's Medical Services Branch
MS 8104
P.O. Box 942732
Sacramento, CA 94234-7320